like to ask the speaker just how cases of shock come off from the operating table.

MISS DANCY.—We do not have them; we prevent them. Prevention is the better part of cure. We are taught what to do in case one should occur. We apply a compress and then a bandage is put over that and drawn tight. At the same time a hot pack is given to the hips and legs and an ice pack is put over the heart. We do not get cases of shock, we prevent them.

MISS COURRIER.—Although I have been trained to be an exponent of the old school, I have seen an almost expiring patient respond as quickly to the application of a hot towel as he would to a hypodermic of ether. I should have said the hot towel was applied over the heart.

MISS ANNA C. JAMMÉ.—At the Mayo brothers' hospital they rarely give a heart stimulant, they depend entirely on the saline after operation. We rarely have shock, and I do not believe the Doctors Mayo ever give a hypodermic, they depend entirely on the saline solution for a heart stimulant.

MRS. ROBB.—That form of treatment is not confined to the Doctors Mayo; it is general.

MISS DANCY.—When I was with Dr. Murphy we used the hot saline by the drop method and found it very beneficial.

THE LIMITATIONS OF THE NURSING PROFESSION

BY EDITH BALDWIN LOCKWOOD
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IN considering the limitations of the nursing profession, we may in a general way classify them as those necessary to the profession's development and those restrictive to its development, or, to classify differently, we have: the limitation of origin, the limitation of purpose; the limitation of our system of education; and the limitation of our field of endeavor. These are to some extent correlated and interdependent and do not separate exactly according to the terms of the first classification.

The origin of the profession and the purpose of the origin impose distinctly different obligations. The origin was most humble, the purpose most noble. The origin was in the change from the crude, grossly neglectful attendance on sickness,—attendance that was considered the most menial and degraded form of personal service,—to attendance having humane handling and simple cleanliness as its object. The purpose actuating those who instituted this change was no more, no less, than the purpose of the profession to-day. If, in the strength of that purpose, it has grown in a scant half century from its origin in humble degraded service to the accepted rank of a profession, we must accept without challenge the scope of that purpose as imposing no limitations we may not well accept to-day.

In considering these limitations I do not wish to imply that we have reached our ultimate development. The progress that has been made is from nothing to a profession. The line of progress before us is from a profession on to a science. But the time may not be quite ripe, as I think a consideration of our limitations will show. Progress has been rapid, easy, and spectacular, but it is possible, and I think inevitable, that there is a period of work, of hard, self-sacrificing work, not less than that done in the beginning, before the profession is so perfected as to be ready for further progress. Filling in the chinks, putting in new sills, or squaring up the underpinning is neither as agreeable or as showy work as adding a new story, but it is more essential to the stability of the structure.

It is somewhat difficult to formulate a definition, which shall be a complete, concise statement of the purpose of nursing. The following, perhaps, is an approach to it: to establish and maintain such condition of person and surroundings that the discomfiture incident to illness be borne with a minimum of distress, and to administer such remedies and treatment for the alleviation of suffering, and the removal of the cause of illness, as are ordered by the medical profession. This applies to nursing. If I make the definition one the purpose of the nursing profession I must add: and to do this in a professional manner. As I give it first, it might apply to paid menial service; with this clause added it implies the dignity and responsibility of a profession, quadrupling the requirements.

The definition is fairly comprehensive and applies equally well to the purpose of the individual nurse, the province of the nursing force in an institution, and to the profession as a whole, and with practically no exception the profession's present rightful field of endeavor is covered by it. The task of making the profession fulfil the requirements of that definition is one so great that all energy generated by our nursing organizations may well be directed thereto.

From this viewpoint of the profession's purport, some of the common questions frequently propounded seem insignificant as well as irrelevant. Such a question for instance as, "Shall the nurse prescribe?" We have but to look at our purpose for answer. "But" asked some one recently, "may she not as much as prescribe a Seidlitz powder for a headache?" Certainly not; if she is in the relation of nurse to patient, with a doctor in charge of the case. It is a human prerogative to advise the fellowman what to do for his cold or his dyspepsia. The non-professional does it, and the professional nurse will and may do it,—as a fellowman,—but not in a professional capacity

may she prescribe or administer the simplest medicinal remedy on her own initiative. The latitude a doctor may grant a nurse in this respect is to be used as part of her orders, but latitude allowed in one case should never be assumed in another without full understanding, and latitude allowed by one doctor should never be assumed under another. Dr. Hugh Cabot has said that the time may come when "that part of medicine which is absolutely settled and worked out" may be given to the profession of nursing as its rightful field. But you will all agree that the time is not yet. This limitation is one that we should respect and adhere to literally. The letting down of one bar, the granting or assuming a privilege is fraught with grave danger. With the material forming the rank and file of the profession what it is, the granting of an inch means the taking of the proverbial ell.

The present method of educating a nurse, of preparing a woman for a profession is not a limitation merely, it is more even than a positive hindrance; it is a retrogressive force. The foundation of teaching nursing was necessarily in keeping with the humbleness of its origin, but from this origin of the system of teaching has come no advance in keeping with the growth of nursing. In all other fields of education we have grown away from the apprenticeship system. In the trades, even, schools for teaching the trades have been instituted. The professions have each their special college or department of a university, while nursing, grown to a profession, still educates its pupils by the apprenticeship system instituted at its origin.

To liken our profession to a plant, it has grown rapidly, exuberantly, but unevenly. It has grown weakly in places and needs reinforcing; while in other places it needs pruning. It has outgrown its root room and needs transplanting to soil suitable for its better development.

The present training-school system has just the same root room as the initial seed of educating nurses was planted in. We have tried through organization and legislation to "elevate the profession." We have tried through raising the entrance requirements and by an elaborated curriculum to raise the standard. We have tried through the course at Columbia College to provide a means of better instruction in the schools; and with what result? Not inconsiderable or insignificant perhaps, but still out of proportion to the advance to a profession in the earlier years. It is as if we were tying little pieces of lath on the weak stalks of the plant or tying up the wilted overgrowths when the plant needs transplanting.

To drop the metaphor. Just what does transplanting the plant mean? It means the establishment of schools for teaching the pro-

fession of nursing—schools that are educational institutions in themselves, and only that. It means further the disestablishment of existing schools which are maintained wholly, or in part, for other purposes than teaching how to care for the sick. The training school of to-day is, as it was in the beginning, a department of the hospital, used by the hospital to take care of the sick. The training school should be an institution for teaching how to care for the sick and I think before we can reach full or further development must come the recognition that teaching how to care for the sick is a separate distinct proposition, not of equal or greater or less importance than the care of the sick.

The care of the sick is the hospital's purpose; its problem to solve. The teaching of nursing is the training school's purpose, its problem to solve. If the hospital and school are one it has two problems of independent nature and value and it is in no way justified in solving one at the expense of the other.

I think no one has ever advanced the shortage of graduate nurses as a reason for a short course, a low entrance requirement, or a simplified curriculum. It is the shortage of probationers, the shortage of sufficient pupils in the school to take care of the sick in the hospital, to do the hospital's work. That is undisguisedly the reason for the "return to the two years' course" of which we have heard so much. It would be rather absurd if a normal school for teachers should insist on enrolling students enough to teach the public schools of a city, but the case is a perfect analogy.

What should be required in a woman to make her worthy of entering the profession of nursing? I think we at once concede that there must be mental, moral, physical, and educational and temperamental fitness and that the absence of any one of these is, if not sufficient to debar, at least a very serious drawback to her eligibility.

An illustration from actual experience in the training school will not only sound familiar to teachers of nurses but will show clearly the detrimental results of the system; the limitation it is to the profession's development. The principle of instruction for probationers is in many schools: "Teach them what will most quickly make them of value in the wards. Teach them practically, how to do things that need to be done, the theory to be taught later. For instance: Teach the preparation of catheter and douche trays; the *principles* of asepsis and sterilization to be taught in the second year. Teach hospital etiquette; give instructions in ethics, etc." I have in mind one class of sixteen probationers. In review, I think about six were competent to be admitted to a nurse's training. There were women there who didn't

know whether "ethics" was a disease or a river in Africa; women to whom the difference between one-thirtieth and one-sixtieth was the *pons asinorum* of mathematics. The teacher of this class was reminded that ethics was to be taught to probationers, and when she answered that they were struggling with common fractions, was told, that having been a teacher she was prone to lay too much stress on primary proficiency.

At the close of her first probationary month one of these pupils was reported as absolutely incompetent and unfit for further trial. But, it was said, the number of nurses must be kept up, and there was not another application on hand. "We must wait," said the superintendent, "and weed her out when conditions are more favorable." So they put her on night duty in the chronic ward to get her out of sight, and the weeding-out time came when she gave an ounce for a drachm of a sedative mixture.

We can legislate and registrate until the chapter's end, but we never will be a profession or a science until this sort of thing is absolutely eliminated. Until we can secure students worthy of professional instruction, we may well be chary of assertions that ours and the medical profession should meet on equal footing.

I spoke of some of the limitations we should respect in our relation to the medical profession. There would seldom if ever be need to call attention to this or to criticize, if only women of suitable qualifications were in the profession. The lack of recognition of what is professional in the various relation of nurse to doctor, to patient, to employer, and to fellow nurse is the direct cause of the thousand and one complaints against us as a class and as individuals.

A profession is an occupation involving special fitness, special discipline and special instruction. The special fitness is education, and education of more than one generation, the heritage of mental and moral training. "Profession" is synonymous with vocation, calling, and art, and carries both obligation and limitation that a trade, or work—occupation for a livelihood—does not carry.

I think there is no limitation to what may be done, and done in a professional manner. A man who through long months under professional care observed our representatives with interest said: "If the nurse says 'I am going to cut your toe-nails now,' then it's professional, but if I say to her, 'I want you to cut my toe-nails now,' that makes it menial service." It was jestingly, perhaps coarsely, put but I think he touched the keynote. It is the manner of approach to the work. The professional nurse does not take orders from employer or patient,

but from the doctor only. She is in charge of all that pertains to the patient's welfare, other than the doctor's province.

I take very little stock in the cry of the over-trained nurse; she who knows so much she won't do anything. She is very apt to be the woman of inferior quality who was necessary to keep up the number required by the hospital; she has attained a smattering of technical terms and professional ideas which she is unable to assimilate and the result is the over-trained nurse. Verily a little learning *is* a dangerous thing. Once procure the condition where only such women as possess sound fundamental requirements are allowed to study nursing and the over-trained nurse will cease to be.

The limitation of what may be done in the individual case cannot be established by abstract ruling. It must be decided by each nurse in accordance with circumstances, and is it not requisite that she possess this very essential professional sense? and that the output of schools of nursing should guarantee it? If the carrying out of the profession's purport involves manual labor and personal service it does not relegate nursing to their rank, but elevates them rather, in such degree as they form a part of the end to be attained to the rank of a profession.

In the practice of a profession the end sought, the purport, is something other than financial return. Work for the work's sake must always be the attitude of professional service, in contrast to exchange for an equivalent value in money or in trade. Nor need confusion arise because "work for the work's sake" receives a money compensation. The question of the money value of a nurse's service is one I wish to touch but briefly, just enough to say we must avoid any and everything that suggests trades-union principles. Let the charge be a matter of business between the nurse and her employer, and as a business agreement inviolate. With the true professional sense should go a practical sense of business honor—too often lacking, not only in our profession but in our sex. The establishment of a sliding scale of charges as a solution to the problem of supplying nursing to the great middle class is a beautiful theory, but who shall set the wage of the individual nurse for the individual case? Who shall adjust the scale? It would require judge, jury, and superior court in one embodiment. The nurse has a part, a share, in many forms of the world's endeavor for the betterment of mankind, but only as a factor. The problems do not become the profession's responsibility. "The Care of the Great Middle Class" is a problem in which our profession is a factor, necessary for its solution, but it is not a problem for us to solve. It is, to be sure, a humanitarian obligation but it is a municipal or civic duty, shared by us only as citizens.

It is rather absurd, is it not, to be investigating almshouses, instructing public health committees and planning to take care of the great middle class while we are not working to conclusions in our own affairs. Let us look to our own interests, recognize our limitations, correct our own faults. Let us work to conclusions and effects in schools for nurses so that the next generation of nurses shall have a surer, broader footing on which to stand and call itself a profession, and easier steps upward to a science.

This has all been put before you in varying forms during the convention. Adopting resolutions and instructing committees sound well in the reports but what is going to be done? Before The University of Minnesota shall have graduated five nurses from this its most admirable system of teaching nursing, schools the country through will have turned out five hundred and fifty-five incompetent, incapable graduates, detriments to the profession.

It is only one small thing to arrange a perfect training-school system. It is another larger and more serious problem to check the output of incompetents. Turning a small stream into a large river will not alter its character to an appreciable degree. We must go to the source and perfect the character of the supply in order to have a worthy outflow. Interesting as are the world's endeavors, important as is our profession's part in them, let us not lose sight of the fact that first we must perfect ourselves.

MISS M. ADELAIDE NUTTING.—Madam President, I am not prepared to discuss this paper. It is altogether too comprehensively and carefully written a paper to be discussed without some preparation. I feel only that with the general import of it, which states emphatically and distinctly the need for improvement in our system, I am in entire sympathy. Suggestion after suggestion has been made of the greatest value. No one has ever met a more difficult complication. It will need many papers to discuss the needs of this question. I do not believe the government of the United States faces anything more difficult than the training school in the hospital. We are not here in antagonism to the hospitals you represent. We know the system we represent has improved with the most painful and serious effort. No one who has not been a superintendent of a training school for many years knows under what conditions and under what difficulties every step of improvement has been reached. I am thoroughly of the opinion that the school should do all the work. We have a long way to go before we establish that in the pupil's mind. In nearly all the papers we have had, the paper by Miss Hay, the paper by Dr. Beard, and the paper by Mrs. Lockwood, the keynote was better education of the nurse, and without that your education cannot be what it ought to be.

I do not agree with Mrs. Lockwood in all respects, for we have the power and the strength to assist those who are struggling with the problems of almshouses and insane asylums.

One thing I would like to emphasize, and that is the need of working together in the utmost harmony for the utmost effect in the work we love and cherish. No one can do it alone, but I plead for the closest harmony of all the nurses.

MISS GOODRICH.—Eighteen years of this struggle has made a woman suffragist of me.

MISS DOCK.—I would like to emphasize the point made regarding the sliding scale. I quite agree that the sliding scale can never be a matter for the individual nurse to struggle with. I believe if such a thing can be evolved it can only be evolved through organizations. I believe the average woman cannot safely undertake the management of the sliding scale. The main feature which lies at the bottom of all trade organizations is brotherhood, and I want to point out that the sliding scale is dangerous for the individual woman to take up, because if she attempts it she will have her throat cut in the economic struggle and she will sink into poverty.

MISS SMITH.—In the modern system of training schools as we have them now, may I ask how many patients one nurse should be expected to care for in private hospitals and likewise in public wards?

THE PRESIDENT.—There is a state representative here who says she has seen hospitals with five patients and nine nurses. The nurses were probably out doing private duty.

MISS SMITH.—In connection with that question it occurs to me we might take into consideration what nurses are expected to do. On the ride last evening on our car the remark was made by some one that in the western small towns the little things necessary to be done for patients in our large cities are not expected of the nurse, and hence the nurse is able to take care of more patients than in our large city hospitals. I mean patients in private rooms.

MISS NUTTING.—May I ask who does the "little things" for patients?

MISS SMITH.—They are not done. What I mean is taking care of flowers, brushing the hair, and things of that sort done for our aristocratic patients.

MISS NUTTING.—I consider brushing the hair one of the fine arts.

MISS KELLY.—I come from a hospital where the patient's hair is brushed and the flowers taken care of by the nurse.

MISS BEATTY.—I would like to know where that delightful place is. I would like to move there at once.

MISS COURRIER.—I was trained in a county hospital, and I would like to say that a great deal more was done to a patient's hair besides brushing it.

MISS SMITH.—That is one of the things I had in mind and was the reason I raised the question.

THE PRESIDENT.—Is there anything further to be said on our limitations?

MISS NUTTING.—Madam President, we are all painfully conscious of them.

MRS. LOCKWOOD.—In view of what Miss Nutting said I do not minimize the importance conscience plays in public health, but I do feel the need of home duty first. These things are secondary duties of our profession. The perfection of our profession comes above these other very important essential things. We can do better work for them after we are more able to work.

MISS NUTTING.—I make an apology now for speaking again and promise not to say anything further. I only wish to say that careful application to duty without mental training has given many a nurse such a grasp of the

situation that it has enabled her to act without specific instruction. Nor would I except the hospital training. I realize how splendid is our own hospital training; we do not get it anywhere else. Our own homes have failed to give it to us, and we need it in our work inside and outside the home. I would, however, check some of the abuses that are entering into that training. I would shorten the hours, I would make the surroundings as good as possible, and I would make the standard of training higher, but I would not shorten the course of training. Other educational bodies are lengthening their course of training.

THE NURSE AS AN ANÆSTHETIST

By FLORENCE HENDERSON,
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In the nursing profession, as in all other lines of work, the tendency of the day is toward specialism, and by this means more efficient work is being accomplished. In the different branches each nurse can find the line of work which is particularly adapted to her abilities, and by concentrating her energies she will attain a degree of skill in one direction which it would be impossible to acquire in all. A few years ago there were comparatively few things for a nurse to choose from, aside from private duty and a few hospital positions, when she had completed her hospital training. Now new avenues are opening each year and nurses are being called upon to take more responsible duties.

One special work which is not new, but which is being taken up by nurses more and more, is the giving of anæsthetics. In some hospitals anæsthetics have been given by nurses for years. In a great many, where the highest standards are maintained in every other department, this work is assigned to the youngest interne, who has had less instruction in this branch than in any other in his medical course.

More and more surgeons are coming to realize the importance of having a regular anæsthetist, and that it is profitable to develop a competent one from a well-trained surgical nurse, who will become proficient from steady employment. Very few physicians who give anæsthetics expect to continue this work; therefore, the doctor anæsthetist's attention is divided between the anæsthetic and the operation, as that is where his interest lies. As a result, the surgeon must divide his attention between the operation and the narcosis. With the nurse it is different. She never expects to be a surgeon and her whole attention is concentrated upon the welfare of the patient.

At the present time ether is the standard anæsthetic, and the nurse who gives anæsthetics should become an ether specialist and should work where ether is used practically exclusively. Chloroform, spinal